

Application Data Sheet

Application Information

Application number::	
Filing Date::	February 27, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CFR)?::	
Number of copies of CRF::	
Title::	Systems and Methods for Providing Variable Medical Information
Attorney Docket Number::	300565
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	4
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition Included?::	No
Petition Type:	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Syria
Status::	Full Capacity
Given Name::	Firass
Middle Name::	
Family Name::	SHEHADEH
Name Suffix::	
City of Residence::	Maple Grove
State or Province of Residence::	MN
Country of Residence::	US

Street of mailing address:: 9005 Garland Avenue
City of mailing address:: Maple Grove
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: A.
Family Name:: ESLER
Name Suffix::
City of Residence:: Coon Rapids
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 10916 Flora Street NW
City of mailing address:: Coon Rapids
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55433

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Name::
Family Name:: FEARS
Name Suffix::
City of Residence:: Moundsview
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 8322 Knollwood Drive
City of mailing address:: Moundsview
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AU
Status::	Full Capacity
Given Name::	Timothy
Middle Name::	R. H.
Family Name::	PRATT
Name Suffix::	
City of Residence::	Arden Hills
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	1390 Indian Oaks Court
City of mailing address::	Arden Hills
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112

Correspondence Information

Correspondence Customer Number::	25764
Name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Phone number::	
Fax Number::	
E-Mail address::	

Representative Information

Representative Customer Number::	25764	
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Representative Designation::	Registration Number::	Representative Name::
Primary	47,629	Douglas M. Hamilton

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Cardiac Pacemakers, Inc.
Street of mailing address::	4100 Hamline Avenue North
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112